



Speech-Language Pathology and Audiology Board

1422 Howe Avenue, Suite 3, Sacramento, CA 95825-3204

Telephone: (916) 263-2666 / Fax: (916) 263-2668

www.slpab.ca.gov



APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT

INSTRUCTIONS: ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED. MAIL COMPLETED APPLICATION, ALL SUPPORTING DOCUMENTS, AND \$50 FEE TO THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD.

PLEASE PRINT OR TYPE.

1. FULL NAME:		LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED:				
3. *ADDRESS OF RECORD:		STREET	CITY	STATE ZIP CODE
4. RESIDENCE TELEPHONE:		BUSINESS TELEPHONE:		
()		()		
5. SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		
6. BASIS FOR FILING:				
ASSOCIATE OF ARTS OR SCIENCES DEGREE		BACHELOR'S DEGREE		

7. LIST NAME AND LOCATION OF ALL SATISFACTORILY COMPLETED EDUCATION. PLEASE ATTACH OFFICIAL TRANSCRIPTS FROM EACH INSTITUTION AND, IF NOT POSTED ON OFFICIAL TRANSCRIPTS, A COPY OF THE ACADEMIC DEGREE/CERTIFICATE CONFERRED.

Institution	Location	Major Field of Study/Educational Program	Period of Attendance		Degree/Certificate Received & Date
			From (Mo/Yr)	To (Mo/Yr)	

8. IF THE APPLICANT DID NOT COMPLETE A SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAM APPROVED BY THE BOARD, THE APPLICANT MUST SUBMIT EVIDENCE OF COMPLETION OF THE REQUIRED FIELD WORK EXPERIENCE IN CONJUNCTION WITH ACADEMIC COURSE REQUIREMENTS, PURSUANT TO TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS, SECTION 1399.170.11 PLEASE ATTACH OFFICIAL TRANSCRIPTS FROM EACH INSTITUTION. COMPLETE ENCLOSED FIELDWORK EXPERIENCE VERIFICATION FORM.

Institution Where Applicant Was Enrolled To Complete Field Work Experience	Training Program Director/Coordinator	Program Director/Coordinator or Phone Number

***YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST.**

9. HAVE YOU EVER BEEN LICENSED OR REGISTERED AS A SPEECH-LANGUAGE PATHOLOGY ASSISTANT BY ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES? (IF YES, LIST ALL STATES OR COUNTRIES WHERE YOU WERE ISSUED A LICENSE OR REGISTRATION.)

Yes _____ No _____

10. HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY HEALING ARTS LICENSE OR REGISTRATION WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD?

Yes _____ No _____ (If yes, give details on separate sheet)

11. HAVE YOU EVER BEEN DENIED A SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE OR REGISTRATION OR ANY OTHER HEALING ARTS LICENSE OR REGISTRATION, BY ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES?

Yes _____ No _____ (If yes, give details on separate sheet)

12. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE OR REGISTRATION TO PRACTICE IN THE HEALING ARTS IN ANY STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES?

Yes _____ No _____ (If yes, give details on separate sheet)

13. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF \$150 OR LESS)

Yes _____ No _____ (If yes, give details on separate sheet)

You are required to list any conviction that has been set aside and/or dismissed under Penal Code Section 1203.4.

NOTE: The photograph AND the sworn statement below must be dated within sixty (60) days of the filing date of this application.

ATTACH 2" x 2" OR 3" x 3"
PASSPORT TYPE PHOTOGRAPH

ATTACH PHOTO HERE

STATEMENT OF APPLICANT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF MY LICENSE.

I FULLY UNDERSTAND THAT I MAY NOT PRACTICE AS A SPEECH-LANGUAGE PATHOLOGY ASSISTANT IN THE STATE OF CALIFORNIA WITHOUT WRITTEN NOTIFICATION FROM THE CALIFORNIA SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD THAT I MAY DO SO.

DATE: _____

SIGNATURE: _____

(MUST BE SIGNED IN **BLUE INK**)